



LYFT DRIVER INFO

LYFT DRIVER NAME _____ EMAIL ADDRESS _____

LYFT DRIVER SIGNATURE _____ LYFT DRIVER PHONE NUMBER _____ DATE _____

VEHICLE INSPECTION

LICENSE PLATE # _____ LICENSE PLATE STATE _____ VIN # _____

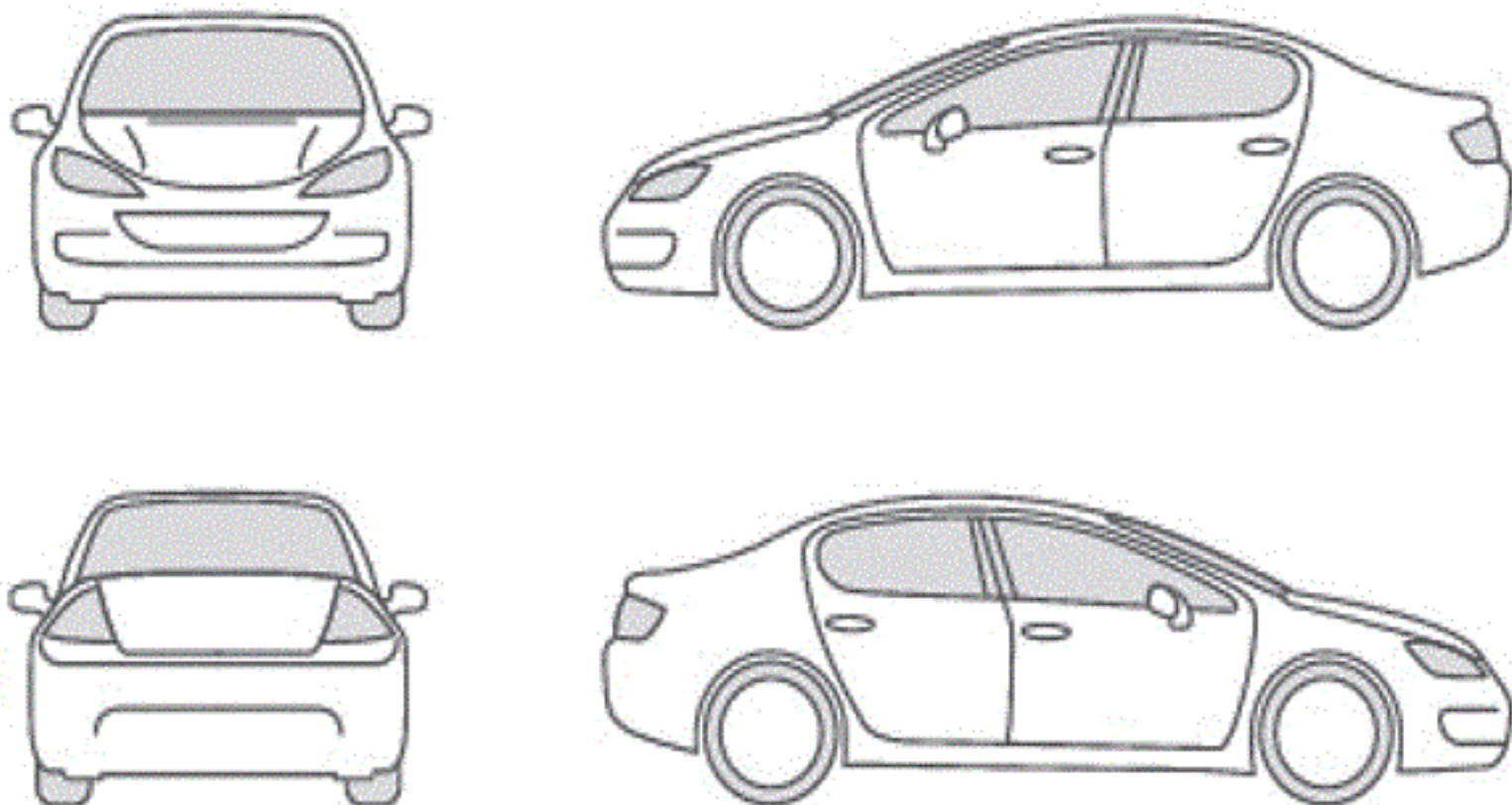
VEHICLE MAKE _____ VEHICLE MODEL _____ VEHICLE YEAR _____ VEHICLE MILEAGE _____

INSPECTOR ONLY BELOW THIS LINE

INSPECTION POINT	PASS	FAIL	INSPECTION POINT	PASS	FAIL
1. Foot brakes	<input type="checkbox"/>	<input type="checkbox"/>	12. Doors (open, close, lock)	<input type="checkbox"/>	<input type="checkbox"/>
2. Emergency brake (parking brake)	<input type="checkbox"/>	<input type="checkbox"/>	Number of doors _____		
3. Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	13. Horn	<input type="checkbox"/>	<input type="checkbox"/>
4. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	14. Speedometer	<input type="checkbox"/>	<input type="checkbox"/>
Large crack	<input type="checkbox"/>	<input type="checkbox"/>	15. Bumpers	<input type="checkbox"/>	<input type="checkbox"/>
Small crack	<input type="checkbox"/>	<input type="checkbox"/>	16. Muffler and exhaust system	<input type="checkbox"/>	<input type="checkbox"/>
5. Rear window and other glass	<input type="checkbox"/>	<input type="checkbox"/>	17. Tires, incl. tread depth	<input type="checkbox"/>	<input type="checkbox"/>
6. Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>	18. Interior and exterior rear view mirrors	<input type="checkbox"/>	<input type="checkbox"/>
7. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	19. Safety belts for driver and passenger(s)	<input type="checkbox"/>	<input type="checkbox"/>
8. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>	Number of seatbelts _____		
9. Turn indicator lights	<input type="checkbox"/>	<input type="checkbox"/>	20. Interior cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
10. Brake/Stop lights	<input type="checkbox"/>	<input type="checkbox"/>	21. Exterior cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
11. Front seat adjustment	<input type="checkbox"/>	<input type="checkbox"/>	22. AC/Heat	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION POINT _____ PASS FAIL Adding? Reinspect?

23. **Body damage** (If fail, please mark with an X where the damage is on the vehicle.) TNC: _____



VEHICLE INSPECTION

PASS FAIL

(Please circle one. One failed checkmark or more makes for an overall Failed Vehicle Inspection)

Applicant - Please note that a failed vehicle inspection form will be reviewed before a final decision is made

TO BE COMPLETED BY INSPECTOR

INSPECTOR NAME _____ INSPECTOR SIGNATURE _____ DATE _____

COMPANY NAME _____ COMPANY PHONE _____

COMPANY ADDRESS _____